

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

2002-IP-008050U1

First Named Inventor

Jimmie D. Weaver

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods and Compositions for Treating Subterranean Formations using High Ionic Strength Gelling Agent Polymers

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number: OR ☒ Correspondence address below

Name

Halliburton Energy Services - ATTN: Robert A. Kent

Address

P.O. Box 1431

City

Duncan

State

OK

ZIP

73536-0440

Country

USA

Telephone

580-251-3125

Fax

580-251-3917

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Jimmie D.

Family Name

or Surname

Weaver

Inventor's

Signature

Jimmie D. Weaver

Date

9/24/03

Residence: City

Duncan

State

OK

Country

USA

Citizenship

US

Mailing Address

Rt. 4, Box 230 B1

City

Duncan

State

OK

ZIP

73533

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Billy F.

Family Name

or Surname

Slabaugh

Inventor's

Signature

Billy F. Slabaugh

Date

9-24-03

Residence: City

Duncan

State

OK

Country

USA

Citizenship

US

Mailing Address

608 S. 9th Street

City

Duncan

State

OK

ZIP

73533

Country

USA

☐

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT****Application Number****Filing Date****First Named Inventor****Jimmie D. Weaver, et al****Title****Methods and Compositions****Art Unit****Examiner Name****Attorney Docket Number****2002-IP-008050U1**

I hereby appoint:

☐

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

☒

Practitioner(s) named below:

Name	Registration Number
See attached	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐

The above-mentioned Customer Number.

OR

☐

Practitioners at Customer Number.

Place Customer
Number Bar Code
Label here

OR

☐Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐

Applicant/Inventor.

☒Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Robert A. Kent

Signature

Robert A. Kent

Date

9-24-03

Telephone

580-251-3125

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02C (3-87)
Approved for use through 8/30/88. OMB 0851-0032

Under the Paperwork Reduction Act of 1980, no persons are required to respond to a collection of information unless it contains a valid OMB control number.
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Halliburton Energy Services, Inc. Practitioners		McAfee & Taft Practitioners	
William E. Shull	29,438	C. Clark Dougherty, Jr.	24,208
William M. Imwalle	35,904	Clifford C. Dougherty, III	31,607
Robert A. Kent	28,626	Anthony L. Rahhal	37,562
Craig W. Roddy	36,256	Jean L. Pinkston	45,014
John W. Wustenberg	35,415	William D. Hall	35,535

Reason Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any amounts on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20591. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20591.**

Declaration — Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C)(1-1.4)